

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEF	IND	DEF	IND	DEF		IND	DEF	IND	DEF	IND	DEF	IND	DEF
1															
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14															
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43															
44															
45	1														
46	1														
47	1														
48	1														
49															
50															
TOTAL NO. TOTAL DEF. TOTAL CLAIMS															

66

26  
80  
66  
146

30  
66

TOTAL NO. 14  
TOTAL DEF. 132  
TOTAL CLAIMS 146